2003 FOR PROFIT CORPORATION

Mar 27, 2003 8:00 am § **UNIFORM BUSINESS REPORT (UBR) Secretary of State** P95000080229 DOCUMENT # 03-27-2003 90106 044 ***150.00 1. Entity Name NASSAU EQUIPMENT, INC. Principal Place of Business Mailing Address 2385 JAMESTOWN RD. 2385 JAMESTOWN RD. FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number **59-3340772** Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BORUM, KAY R Street Address (P.O. Box Number is Not Acceptable) 2385 JAMESTOWN RD. FERNANDINA BEACH FL 32034 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE DP Addition □ Delete TITLE BORUM, NEIL A NAME NAME STREET ADDRESS 4 ZACHARY CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BEACH FL TITLE TITLE ☐ Addition DVST ☐ Delete ☐ Change NAME NAME BORUM, KAY R STREET ADDRESS STREET ADDRESS 4 ZACHARY CT CITY-ST-ZIP CITY-ST-ZIP Fernandina Beach Fl TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE , TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

☐ Change

☐ Addition

FILED